

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 10/18/2012
FORM APPROVED
OMB NO. 0938-0391

45th 12/02/12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445291	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/16/2012
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NAME OF PROVIDER OR SUPPLIER

ERWIN HEALTH CARE CENTERSTREET ADDRESS, CITY, STATE, ZIP CODE
100 STALLING LANE
ERWIN, TN 37650

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 029 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure hazardous area's one (1) hour fire rated construction is maintained. The findings include: Observation and interview with the Maintenance Director in the laundry, on October 16, 2012 at 10:10 a.m. confirmed an unsealed penetration in the ceiling around the low air vent duct behind the dryers. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on October 16, 2012.</p>	K 029	<p>The ceiling around the low air vent duct behind the dryers was replaced on November 1, 2012 with fire rated caulk.</p> <p>The Administrator verified the correction and the existing NFPA 101 Life Safety Code Standard was met.</p>	11/16/12
K 045 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8</p>	K 045	<p>The outside light at the rear dining room exit was replaced with a multiple bulb on November 1, 2012. This correction will leave the area with ample light during the night hours.</p> <p>This correction was verified by the Administrator and the existing NFPA 101 Life Safety Code will be satisfied.</p>	11/16/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER ERWIN HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 100 STALLING LANE ERWIN, TN 37650		
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K 045	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure exits paths were lighted so the area would not be in total darkness. The findings include: Observation and interview with the Maintenance Director, on October 16, 2012 at 9:45 a.m., confirmed the outside light at the rear dining room exit was not provided with multiple bulbs such that the failure of any single lighting fixture (bulb) would not leave the area in darkness (NFPA 101, 7.8.1.4). This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on October 16, 2012.	K 045			
K 051 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4,	K 051	The Sprinkler Riser Room, which contains the main Fire Alarm Control Panel, was equipped with a smoke detection device on November 16, 2012. This improvement was verified by the Administrator and the standard meets the NFPA 72, 1-5.6 rule that applies. The sprinkler heads in the clean linen supply area are now 6 feet apart and meet the Life Safety Code standard. This correction was completed on November 23, 2012. The Administrator verified the installation and NFPA 13, 5-6.3 was met	11/16/12	

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K 062	Continued From page 3 Based on observation and interview, the facility failed to assure sprinkler heads were at least six (6) feet apart per NFPA 13, 5-6.3. The findings include: Observation and interview with the Maintenance Director, on October 16, 2012 at 10:20 a.m. confirmed two (2) sprinkler heads were 4 feet apart in the laundry area's clean linen supply. Based on observation, record review, and interview, the facility failed to assure the sprinkler system trip test time did not exceed 60 seconds for water to flow. The findings include: Record review and interview with the Maintenance Director, on October 16, 2012 at 9:00 a.m. revealed the last dry system trip test was conducted on 5-25-2011 with time for water to reach the test outlet of 68 seconds and that the Accelerator was out of service. Observation with the Maintenance Director, on October 16, 2012 at 1:20 p.m. confirmed the accelerator was valved out of service. These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on October 16, 2012.	K 062			
K 130 SS=E	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Based on observation review, the facility failed to assure fire doors were maintained (NFPA 101, 8.3.3 and NFPA 80) The findings include:	K 130	The panic hardware and the latching mechanisms by Rm 122 and the Smoking Room were installed on November 19, 2012. The doors work properly and now meet the NFPA 101, 8.3.3 and NFPA 80 Life Safety Code Standards. The Administrator verified the finding which corrected the deficiency.	11/16/12	

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K 130	Continued From page 4 Observation with the Maintenance Director, on October 16, 2012 at 11:30 a.m. confirmed the fire doors by rooms 122 and the AD side smoking room failed to latch. Its panic hardware and latching mechanisms were removed. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on October 16, 2012.	K 130			